

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 445277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/12/2014
NAME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a sanitary environment related to the storage of dirty water pitchers and a dirty dish brush, stored underneath a sink in one of two medication rooms. The findings included: Observation on March 11, 2014, at 10:00 a.m., on the A Wing Hallway medication room, in a cabinet underneath the sink, revealed six used water pitchers, and one coffee cup with a dirty dish brush stored inside the cup. Further observation revealed the brush was covered with black debris and had water draining from the end of the brush. Continued observation revealed black debris on the bottom of the cabinet. Interview with Licensed Practical Nurse (LPN) #1, on March 12, 2014, at 10:00 a.m., in the medication room, confirmed the used dirty water pitchers were used by the nursing staff on the medication carts. Further interview confirmed the dish brush had a black debris covering the end of the brush and "...appeared to be mold..." Continued interview confirmed the bottom lining of the cabinet was covered with black debris.		F 441	1) The items noted below the sink were removed on March 11, 2014. The cabinet was clean, sanded and painted with a waterproof product on March 14, 2014. The cabinet doors were fixed closed position with metal screws to prevent access. There was no known harm to any residents. 2) A review of the facility's medication and nourishment areas determined that there were no additional cabinets that could be used an inappropriate manner. 3) The cabinet doors were fixed in the closed position with metal screws to prevent access. The NH Administrator will make periodic rounds to ensure that the cabinet remains inaccessible. 4) The elimination of the access to this cabinet will preclude any further action.	3/14/2014